

## **Pete Sessions**

## United States Congressman Representing Texas 17 th District

	Request for Congre	ssional Inquiry with the	U.S. Cauzen	anh ano mumis	EMULICATIONS	(USUS)	
your written permit for Congressional I below must be of if it names anyone Each family membersigned by the parent I hereby author Congressman or authorized all understand all of	ission. Therefore, I m inquiry on your behale completed by the other than the subject er must sign a separate. All signatures must rize the release of Pete Sessions   of the information control	aw 93-579) prevent ust have your written f. USCIS also requir person who is the of the records; if addi te release form, includ t match what was put f any and all info and/or any member in this privacy rel ntained in my privace	authoriza es the "Re subject of tional part ling minors on the USO cormation er of his sta	tion before I collease" to meet of the record ties are named, and the CIS form at the from any feduary documen	an obtain a re Executive  Executive  S. USCIS wil  the release of  above must si  time of filin  eral agency  nder penalty  t submitted	esponse regardi Order 13768. Il not accept a p f information w ign the form. Ur g.  pertaining to of perjury, tha with it; 2.) I	ng the Request  The section rivacy release ill be rejected. ider 14 may be my case t t I.) I provide reviewed an
complete, true an	d correct.						*
							,
Signature of Per	son Who is the Subje				Date		
		****Digital Signatures	are <u>nor</u> acc	ергарле	THE THE PARTY OF T	COLUMN SERVICE DE SERV	AND THE PERSON NAMED OF TH
like to submit wit retained for Offic	<mark>th the inquiry to US</mark> e purposes only. Ple	tion completely and CCIS. Page 2 of this for ase send it to my only complete if applicable):	orm will n Waco   o	ot be submitt office listed at	ed with the the bottom	Congressional of page 2 of th	Inquiry. It is is form:
Status of Petitione	r: 🗌 Citizen 📗	Lawful Permanent Re	esident	☐ Naturaliz	ed Citizen	Other:	
Current Address:_			,	Email:			
City/State/Zip Coo	de:						
Telephone:		(home)		(wo	rk)		(mobile)
Telephone: (home) (work) (mobile  Date of Birth: Country of Birth: Alien Registration No. (If applicable)							
				•		74	
Name of Beneficiary (person for whom you are applying-only complete if applicable):  Is she/he currently in the U.S.?  Current Address:							
		Curr	ent Addres	SS <u>.</u>			
City/State/Zip Coo							(mahila)
Telephone:		_(home)		(wor	K)		(mopne)
Date of Birth:	Co	untry of Birth:		Pass	sport No.:		
Receipt No.:		_Alien Registration l	No		_ Priority Da	te:	
☐ I-90 ☐ I-129 ☐ I-360 ☐ I-485	5 □ I-539 □ I-600	apply: E,L,O,P,Q,R,F,T DA □ I-600 □ I-60 Do you have a receipt	01 □ I-75	1 □ I-765 □	N-400 □	31 □ I-140 □ N-600 □ N- □ Yes	565
		nding <mark>(PLEASE ATT</mark>					
Waco Office		ollege Station Office		5			

## FOR OFFICE USE - CONGRESSMAN PETE SESSIONS

Request for Congressional Inquiry with the U.S. Chizeriship and Immigration Services (USCIS) Description of the Problem: See Description Below See Attached Letter The Outcome/Resolution Seeking: See Description Below See Attached Letter Should you desire information regarding this inquiry be shared with another individual, please name that person and complete the following information: I authorize the release of information for this inquiry to:

Waco District Office 400 Austin Avenue, Suite 302 Waco, Texas 76701-2139 (254) 633-4500 (office)

Signature of Individual Requesting Inquiry:

College Station District Office 2700 Earl Rudder Fwy, S. Highway 6 Suite 4500 College Station, Texas 77845-2804

Date

Name of your spouse, family member, or trusted friend